

Entered - 1-19-01 - sb
CL - 01L0055 ALEXIS HOLMES

01- R -0434

CLAIM OF: **AARON M. AND PHYLLIS C. FLORENCE**
2003 Laboon Circle
College Park, Georgia 0349

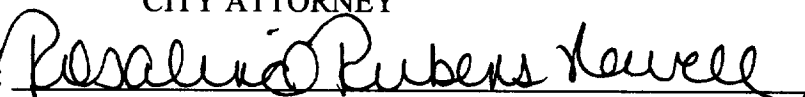
For damages alleged to have been sustained as a result of a vehicular accident on December 6, 2000 at 1139 North Avenue, SW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **AARON M. and PHYLLIS C. FLORENCE** the sum of **\$779.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a vehicular accident on December 6, 2000 at 1139 North Avenue, SW** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:



ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0055

Date: 3/01/01

Claimant /Victim AARON M. and PHYLLIS C. FLORENCE

BY: (Atty) _____

Address: 2003 Laboon Circle College Park, Georgia 30349

Subrogation: _____ Claim for Property damage \$ 779.00 Bodily Injury \$ _____

Date of Notice: 1/4/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/16/00 Place: 1139 North Avenue

Department PRCA Division: Parks

Employee involved Deloris Crawford Disciplinary Action: No Disciplinary action Taken

NATURE OF CLAIM: The claimant alleges that he sustained vehicular damage when the driver of a City vehicle backed up and struck his vehicle.

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written X Oral X

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 779.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 3/22/01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Street, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 12/12/00

JAN 4 2001

Dear Clerk of Council:

ENTERED - 1-19-01 - SB
01L0055 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 779.00 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 12/6/2000
(month/day/year)
2. Police called: ✓
Yes No
3. Location of incident: 1139 NORTH AVE. SW. ("CITY GREENHOUSE")
4. Name of your insurance company: _____ Policy No. _____
5. State what and how incident occurred: SEE POLICE REPORT; CASE # 00341 1039

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: CHEVROLET 1965 90761 AARON M. FLORENCE
(make) (year) (tag number) (driver's name)

City vehicle: FORD DELORIS PICKENS-CRAWFORD B.P.R.C.A.
(make) (City driver's name) (department/bureau)

8. Witness: SEE POLICE REPORT CASE # 00341 1039
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

AARON M. FLORENCE
(claimant's name)

2003 LABOON CIR.
(address)

COLLEGE PARK, GA. 30349
(city and state)

(4) 658-7920 (4) 767-4330
(work number) (home number)

01-R-0434